

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
703-305-5483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			*			*		
1		1	1			51			51			51		
2		1	1			52			52			52		
3	2		1			53			53			53		
4	(1)		1			54			54			54		
5	(1)		1			55			55			55		
6	(1)		1			56			56			56		
7	(1)		1			57			57			57		
8	(1)		1			58			58			58		
9	1		1			59			59			59		
10						60			60			60		
11						61			61			61		
12						62			62			62		
13						63			63			63		
14						64			64			64		
15						65			65			65		
16						66			66			66		
17						67			67			67		
18						68			68			68		
19						69			69			69		
20						70			70			70		
21						71			71			71		
22						72			72			72		
23						73			73			73		
24						74			74			74		
25						75			75			75		
26						76			76			76		
27						77			77			77		
28						78			78			78		
29						79			79			79		
30						80			80			80		
31						81			81			81		
32						82			82			82		
33						83			83			83		
34						84			84			84		
35						85			85			85		
36						86			86			86		
37						87			87			87		
38						88			88			88		
39						89			89			89		
40						90			90			90		
41						91			91			91		
42						92			92			92		
43						93			93			93		
44						94			94			94		
45	1					95			95			95		
46						96			96			96		
47						97			97			97		
48						98			98			98		
49						99			99			99		
50						100			100			100		
TOTAL IND.						TOTAL IND.			TOTAL IND.			TOTAL IND.		
TOTAL DEP.						TOTAL DEP.			TOTAL DEP.			TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS			TOTAL CLAIMS			TOTAL CLAIMS		